

15/5/2010

INS. CASE OWNER:

CC 4 /AIG1801

LKK:

IDAC:

ASSIGNMENT

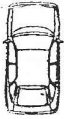
Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :S\$

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

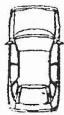
Place of Accident:

OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No



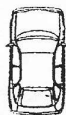
INSRS:

WSP:

Tel:

Liability:

RMKS:



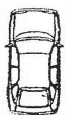
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC
21/10/18	Non-Reporting ltr (1st):	
21/10/18	Non-Reporting ltr (2nd):	
21/10/18	Non-Reporting ltr (Final):	
21/10/18	Notification ltr (if non-pickup):	
21/10/18	Call OI:	
21/10/18	After call ltr to OI:	
21/10/18	Documentation Check List:	Handler Typist
21/10/18	Notification ltr (if non-pickup)	
21/10/18	After call ltr to OI:	
21/10/18	Authorisation To Act:	
21/10/18	Release Voucher:	
21/10/18	Final Repair Bill:	
21/10/18	Car Rental Invoice:	
21/10/18	Towing Invoice:	
21/10/18	LTA / GIA:	
21/10/18	Medical Bill:	
21/10/18	PIR:	
21/10/18	Mandate/Reject Instruction:	
21/10/18	LOD:	
21/10/18	Payment Breakdown Form:	
21/10/18	Post-Repair Photos:	
21/10/18	Others:	
21/10/18	PRELIMINARY ADVICE	Date/Time: Sent By:
21/10/18	FINALIZATION	Date/Time: Confirm with:
21/10/18	Repair Cost:	S\$ (days) Reduction: % Email ☐ Call ☐
21/10/18	FINAL SETTLEMENT	Date/Time: Confirm with: Email ☐ Call ☐
21/10/18	Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15.
21/10/18	Repair Cost:	S\$
21/10/18	Loss of Rental (LOR):	S\$ (days)
21/10/18	Loss of Use (LOU):	S\$ (S x days)
21/10/18	Loss of Income (LOI):	S\$ (S x days)
21/10/18	LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]	
21/10/18	GIA/LTA Search	S\$
21/10/18	Medical:	S\$
21/10/18	Disbursement:	S\$ (e.g. Tow/ Independent)
21/10/18	Legal Cost	S\$
21/10/18	Total:	S\$ Global Sum S\$:
21/10/18	FINAL PAYMENT	Date/Time: Confirm with: Email ☐ Call ☐
21/10/18	Payee 1:	S\$ Name 1:
21/10/18	Payee 2: (Strike if N.A.)	S\$ Name 2:
21/10/18	Payee 3: (Strike if N.A.)	S\$ Name 3: